

Self-Funded Group Health & Dental Insurance Program for City of Clemson
Monthly Financial Status Report: For Period Starting January 1, 2016

| | Monthly Beginning Fund balance - All City Departments | Monthly Employer Premium Contribution | Monthly Employee Premium Contribution | Total Premium Contributions: | Monthly Medical Claims and fixed costs: | Self-Insurance Fund - end of month balance: |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|------------------------------------------|---------------------------------|-----------------------------------------------|---------------------------------------------------|
| Initial Contribution: | \$ 340,188 | \$ - | \$ - | \$ - | \$ - | \$ 340,188 |
| January | 340,188 | 87,464 | 35,372 | 122,836 | 42,309 | 420,715 |
| February | 420,715 | 87,464 | 35,372 | 122,836 | 105,980 | 437,571 |
| March | 437,571 | 87,464 | 35,372 | 122,836 | 133,380 | 427,027 |
| April | 427,027 | 87,464 | 35,372 | 122,836 | 159,521 | 390,342 |
| May | 390,342 | 87,464 | 35,372 | 122,836 | 94,388 | 418,790 |
| June | 418,790 | 87,464 | 35,372 | 122,836 | 96,801 | 444,825 |
| 6-Month sub-totals | \$ 340,188 | \$ 524,784 | \$ 212,232 | \$ 737,016 | \$ 632,379 | 444,825 |
| July | \$ 444,825 | 88,360 | 35,372 | 123,732 | 87,698 | 480,859 |
| August | 480,859 | 88,360 | 35,372 | 123,732 | 90,401 | 514,190 |
| September | 514,190 | 88,360 | 35,372 | 123,732 | 179,911 | 458,011 |
| October | 458,011 | 88,360 | 35,372 | 123,732 | 68,454 | 513,289 |
| November | 513,289 | 88,360 | 35,372 | 123,732 | 102,000 | 535,021 |
| December | 535,021 | 88,360 | 35,372 | 123,732 | 102,000 | 556,753 |
| 6-Month sub-totals: | | \$ 530,160 | \$ 212,232 | \$ 742,392 | \$ 630,464 | - |
| <hr/> | | | | | | |
| Total - for Claims Year | \$ 340,188 | \$ 1,054,944 | \$ 424,464 | \$ 1,479,408 | \$ 1,262,843 | 556,753 |
| Difference of total employee/employer premium contribution versus medical claims, reinsurance premiums & fixed costs: | | | | | | \$ 216,565 |

Summary of Group Health Insurance Cost Comparisons & Status Report:

| | | | Cost Differential versus 2015: | % of cost increase versus 2015 premium: |
|--------------------------------------------------------------------------|----|-----------|-----------------------------------------------|--------------------------------------------------------|
| 2015 Premium Cost for Cigna - full coverage insurance policy: | \$ | 1,266,281 | - | |
| 2016 Renewal Bid from Cigna - for same policy coverage: | \$ | 1,418,568 | \$ 152,287 | 12.03% |
| 2016: Self-funded Health Plan - maximum exposure cost: PAI/Munich | \$ | 1,606,469 | \$ 340,188 | 26.87% |
| 2017: Self-funded Health Plan - maximum exposure cost: PAI/HCC | \$ | 1,573,270 | \$ 306,989 | 24.24% |

Current Claims History - totals through 12 months:

| | | |
|----------------------------------------------|-----------|------------------|
| Total Claims + entry binder costs for 2016: | \$ | 1,262,843 |
| Less: program entry binder costs: | | 42,309 |
| Net Claims and fixed costs for Year-to-Date: | \$ | 1,220,534 |
| Average monthly claims costs: | \$ | 101,711 |
| Estimated annualized costs : | \$ | 1,220,534 |

Reinsurance Reimbursements:

October claims include a credit of \$56,300 for excess stop-loss and Lifecycle II payment of \$4,200 (\$120,554 - 60,500 = \$68,454).



The City of Clemson

Self Funded Analysis for Plan Year January 1, 2017

| | | |
|-------------------------|------------|------------|
| Single Enrollment | 89 | 89 |
| Employee Spouse | | 22 |
| Employee Child | | 15 |
| Family Enrollment | 55 | 18 |
| Total Enrollment | 144 | 144 |

| SELF FUNDED | | Planned Administrators Inc. (TPA) | | | | | |
|----------------------------------|--------------------------|-----------------------------------|------------------|------------------|------------------|------------------|---------------------|
| Premium / Fee Structure | Munich Re Current | Munich Re Renewal | Berkley | DHR | Sunlife | HCC | |
| Annual Administration Fees | \$66,442 | \$66,442 | \$66,442 | \$62,899 | \$62,899 | \$62,899 | |
| Admin Fee PEPM | \$38.45 | \$38.45 | \$38.45 | \$36.40 | \$36.40 | \$36.40 | |
| Network | BCBS | BCBS | BCBS | BCBS | BCBS | BCBS | |
| Contract Type | 12/15 | 12/15 | 12/15 | 12/15 | 12/15 | 12/15 | |
| No New Laser/Rate Cap | Yes/Yes | Yes/Yes | No/No | Yes/Yes | Yes/Yes | Yes/Yes | |
| Specific | | | | | | | |
| Deductible: | \$50,000 | \$60,000 | \$60,000 | \$60,000 | \$60,000 | \$60,000 | |
| Specific Premium: | Medical and Rx | Medical and Rx | Medical and Rx | Medical and Rx | Medical and Rx | Medical and Rx | |
| Single | \$127.99 | \$137.96 | \$154.11 | \$136.45 | \$222.60 | \$125.19 | |
| E/S | \$254.95 | \$274.82 | \$306.99 | \$272.00 | \$222.60 | \$249.39 | |
| E/C | \$225.64 | \$243.23 | \$271.70 | \$259.68 | \$222.60 | \$220.72 | |
| Family | \$382.94 | \$412.78 | \$461.10 | \$395.24 | \$222.60 | \$374.58 | |
| Aggregate | | | | | | | |
| Aggregate Premium: | Medical and Rx | Medical and Rx | Medical and Rx | Medical and Rx | Medical and Rx | Medical and Rx | |
| Single | \$6.49 | \$7.91 | \$9.94 | \$9.91 | \$13.15 | \$9.50 | |
| E/S | \$6.49 | \$7.91 | \$9.94 | \$9.91 | \$13.15 | \$9.50 | |
| E/C | \$6.49 | \$7.91 | \$9.94 | \$9.91 | \$13.15 | \$9.50 | |
| Family | \$6.49 | \$7.91 | \$9.94 | \$9.91 | \$13.15 | \$9.50 | |
| Aggregate Factors: | | | | | | | |
| Single | \$505.34 | \$537.24 | \$545.24 | \$474.42 | \$882.39 | \$435.36 | |
| E/S | \$1,006.64 | \$1,070.18 | \$1,086.13 | \$950.40 | \$882.39 | \$867.23 | |
| E/C | \$890.92 | \$947.15 | \$961.26 | \$906.74 | \$882.39 | \$767.23 | |
| Family | \$1,511.98 | \$1,607.42 | \$1,631.37 | \$1,384.35 | \$882.39 | \$1,302.59 | |
| Risk Corridor | 125% | 125% | 125% | 125% | 125% | 125% | Bid Comparison Only |
| ANNUAL COST | Munich Re Current | Munich Re Renewal | Berkley | DHR | Sunlife | HCC | |
| Administration Fees | \$66,442 | \$66,442 | \$66,442 | \$62,899 | \$62,899 | \$62,899 | |
| Specific Premium | \$327,330 | \$352,836 | \$394,138 | \$349,651 | \$384,653 | \$320,181 | |
| Aggregate Premium | \$11,215 | \$13,668 | \$17,176 | \$17,124 | \$22,723 | \$16,416 | |
| Includes Disease Management | Yes | Yes | \$12,000 | \$12,000 | \$12,000 | \$12,000 | |
| Additional Nurse days | \$8,400 | \$8,400 | \$8,400 | \$8,400 | \$8,400 | \$8,400 | |
| Additional Laser Risk | \$30,000 | \$20,000 | NO | NO | NO | \$40,000 | |
| TOTAL FIXED COSTS | \$443,387 | \$461,346 | \$498,156 | \$450,075 | \$490,675 | \$459,896 | |
| EXPECTED Claims Liability | \$1,033,927 | \$1,099,192 | \$1,115,566 | \$975,855 | \$1,219,816 | \$890,699 | |
| MAXIMUM Claims Liability | \$1,292,409 | \$1,373,990 | \$1,394,457 | \$1,219,819 | \$1,524,770 | \$1,113,374 | |
| EXPECTED Annual Total Cost | \$1,477,314 | \$1,560,537 | \$1,613,722 | \$1,425,930 | \$1,710,491 | \$1,350,595 | |
| MAXIMUM Annual Total Cost | \$1,735,796 | \$1,835,335 | \$1,892,614 | \$1,669,893 | \$2,015,445 | \$1,573,270 | |
| \$ Ann. Diff. Current / Expected | | \$83,223 | \$136,408 | (\$51,384) | \$233,177 | (\$126,719) | |
| % Ann. Diff. Current / Expected | | 5.6% | 9.2% | -3.5% | 15.8% | -8.6% | |

| Current Monthly Administration | |
|---------------------------------|---------|
| Medical/RX/PPO/UR/HIPAA | \$33.00 |
| Dental | \$1.95 |
| Non-Preferred Carrier interface | \$3.00 |
| Vision | \$0.50 |
| | \$38.45 |

| Preferred Monthly Administration | |
|----------------------------------|---------|
| Medical/RX/PPO/UR/HIPAA | \$33.95 |
| Dental | \$1.95 |
| Non-Preferred Carrier interface | \$0.00 |
| Vision | \$0.50 |
| | \$36.40 |





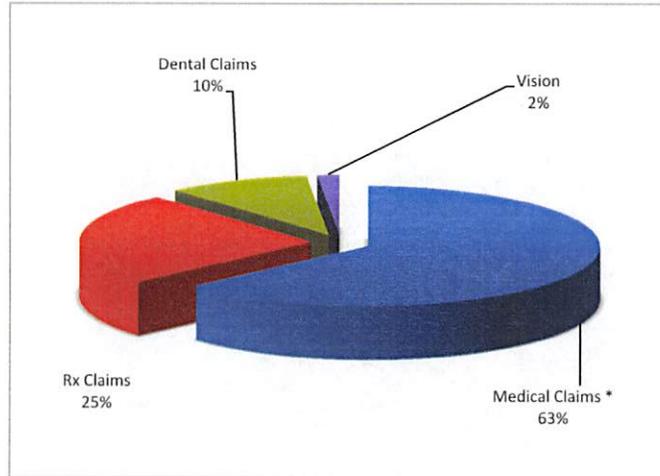
The City of Clemson

Self Funded Analysis for Plan Year January 1, 2017

| SELF FUNDED 12/15 - \$50,000 | | | | | | | | | |
|------------------------------|------------------|------|----------------------|------------------------------|---------------------|-----------------------|------|----------------|------|
| | Total Fixed Cost | Rank | Expected Claims Cost | Total Expected (Fixed + Exp) | Maximum Claims Cost | Maximum (Fixed + Max) | Rank | ECM Expected | Rank |
| PAI - HCC | \$520,374 | 4 | \$863,508.00 | \$1,383,886.00 | \$1,079,386.00 | \$1,599,760.00 | 1 | \$1,380,374.00 | 3 |
| PAI - DHR | \$478,225 | 1 | \$951,158.00 | \$1,429,384.00 | \$1,188,948.00 | \$1,667,173.00 | 2 | \$1,338,225.00 | 1 |
| PAI MunichRe Current | \$443,387 | | \$1,033,927.00 | \$1,477,314.00 | \$1,292,409.00 | \$1,735,796.00 | | \$1,303,387.00 | |
| PAI - MunichRe renewal | \$516,699 | 2 | \$1,065,090.00 | \$1,581,791.00 | \$1,331,363.00 | \$1,848,062.00 | 3 | \$1,376,699.00 | 2 |
| PAI - IISI | \$570,651 | 6 | \$1,054,649.00 | \$1,625,306.00 | \$1,318,311.00 | \$1,888,962.00 | 4 | \$1,430,651.00 | 6 |
| PAI - Berkley | \$551,294 | 5 | \$1,077,695.00 | \$1,628,994.00 | \$1,347,119.00 | \$1,898,413.00 | 5 | \$1,411,294.00 | 5 |
| Pai - Sunlife | \$539,094 | 3 | \$163,359.00 | \$702,456.00 | \$1,454,198.00 | \$1,993,292.00 | 6 | \$1,399,094.00 | 4 |

| SELF FUNDED 12/15 - \$60,000 | | | | | | | | | |
|------------------------------|------------------|------|----------------------|------------------------------|---------------------|-----------------------|------|----------------|------|
| | Total Fixed Cost | Rank | Expected Claims Cost | Total Expected (Fixed + Exp) | Maximum Claims Cost | Maximum (Fixed + Max) | Rank | ECM Expected | Rank |
| PAI - HCC | \$459,896 | 4 | \$890,699.00 | \$1,350,599.00 | \$1,113,374.00 | \$1,573,270.00 | 1 | \$1,319,896.00 | 3 |
| PAI - DHR | \$450,075 | 1 | \$975,855.00 | \$1,425,931.00 | \$1,219,819.00 | \$1,669,894.00 | 2 | \$1,310,075.00 | 1 |
| PAI MunichRe Current | \$443,387 | | \$1,033,927.00 | \$1,477,314.00 | \$1,292,409.00 | \$1,735,796.00 | | \$1,303,387.00 | |
| PAI - MunichRe renewal | \$461,346 | 2 | \$1,099,192.00 | \$1,560,540.00 | \$1,373,990.00 | \$1,835,336.00 | 3 | \$1,321,346.00 | 2 |
| PAI - Berkley | \$498,156 | 5 | \$1,115,566.00 | \$1,613,727.00 | \$1,394,457.00 | \$1,892,613.00 | 4 | \$1,358,156.00 | 5 |
| Pai - Sunlife | \$490,675 | 3 | \$1,219,816.00 | \$1,710,494.00 | \$1,524,770.00 | \$2,015,445.00 | 5 | \$1,350,675.00 | 4 |

City of Clemson 2016 Claims Overview



1-16 thru 10-16

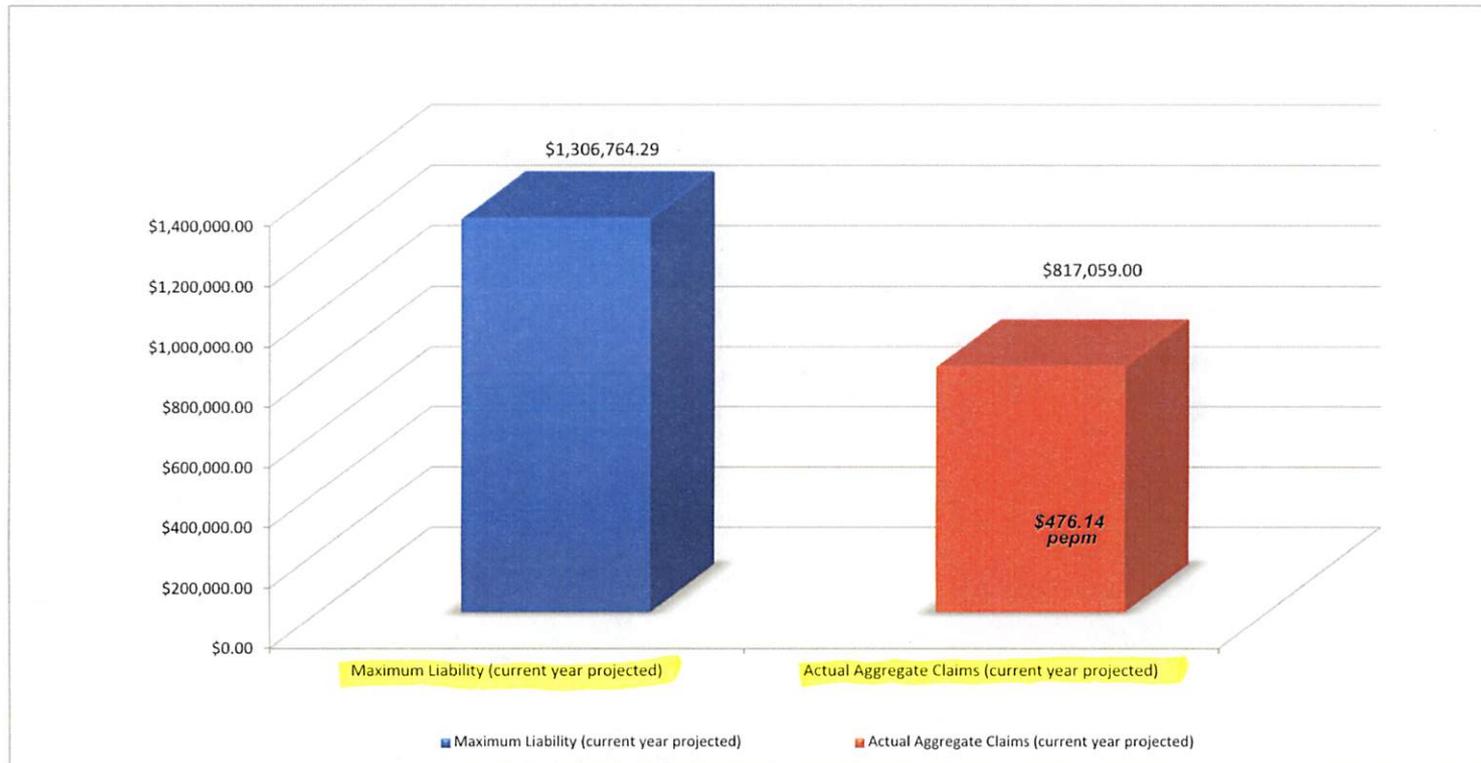
| | | |
|--------------------------------|--------------|--------|
| Medical Claims * | \$463,048.88 | 62.34% |
| Rx Claims | \$183,729.16 | 24.73% |
| Dental Claims | \$73,483.32 | 9.89% |
| Vision | \$11,268.02 | 1.52% |
| Total | \$742,797.40 | |
| Avg. Monthly Enrollment | 143 | |
| Months of Data | 10 | |
| Avg. Plan Cost PEPM | \$519.44 | |

*These Medical Totals exclude claims that have been reimbursed by the Reinsurance Carrier

| | 1-16 thru 10-16 |
|---------------------------------|-----------------|
| Specific Reimbursements: | \$56,299.51 |
| Fixed Costs: | \$339,550.82 |
| PPO Fees: | \$338.57 |
| Combined Medical/Rx Cost | \$646,778.04 |
| Fixed Cost | \$339,889.39 |
| | \$986,667.43 |
| Dental & Vision Only | \$96,019.36 |
| Total | \$1,082,686.79 |

City of Clemson

Maximum Liability vs. Actual Aggregate Claims



Agg totals for current year include 10% run out

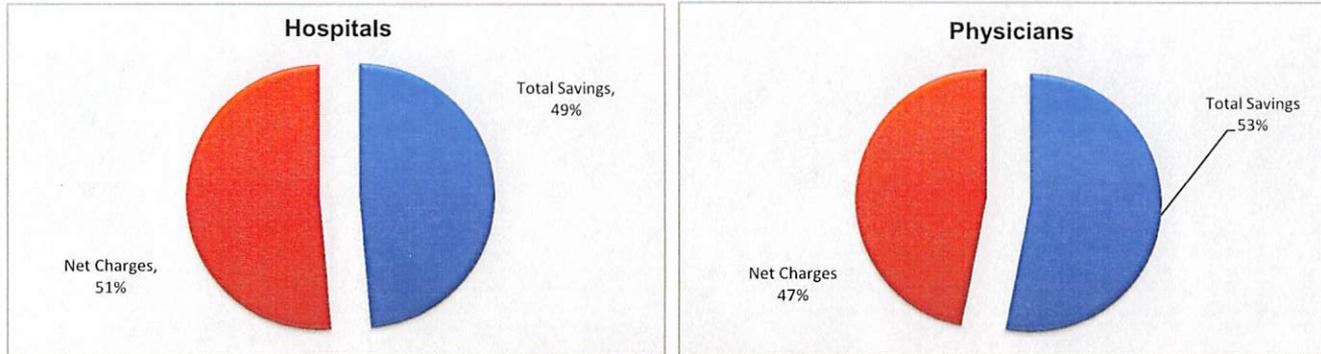
| | 1-16 thru 10-16 |
|--------------------------|-----------------|
| Avg. Monthly Enrollment: | 143 |
| Loss Ratio: | 62.53% |

* Projected data

6.

City of Clemson

Preferred Blue Network Savings Analysis



| | Hospitals | Physicians |
|----------------|--------------|--------------|
| Total Charges: | \$695,194.57 | \$705,119.37 |
| Net Charges: | \$357,140.95 | \$331,073.23 |
| Total Savings: | \$338,053.62 | \$374,046.14 |
| % Savings: | 48.6% | 53.0% |

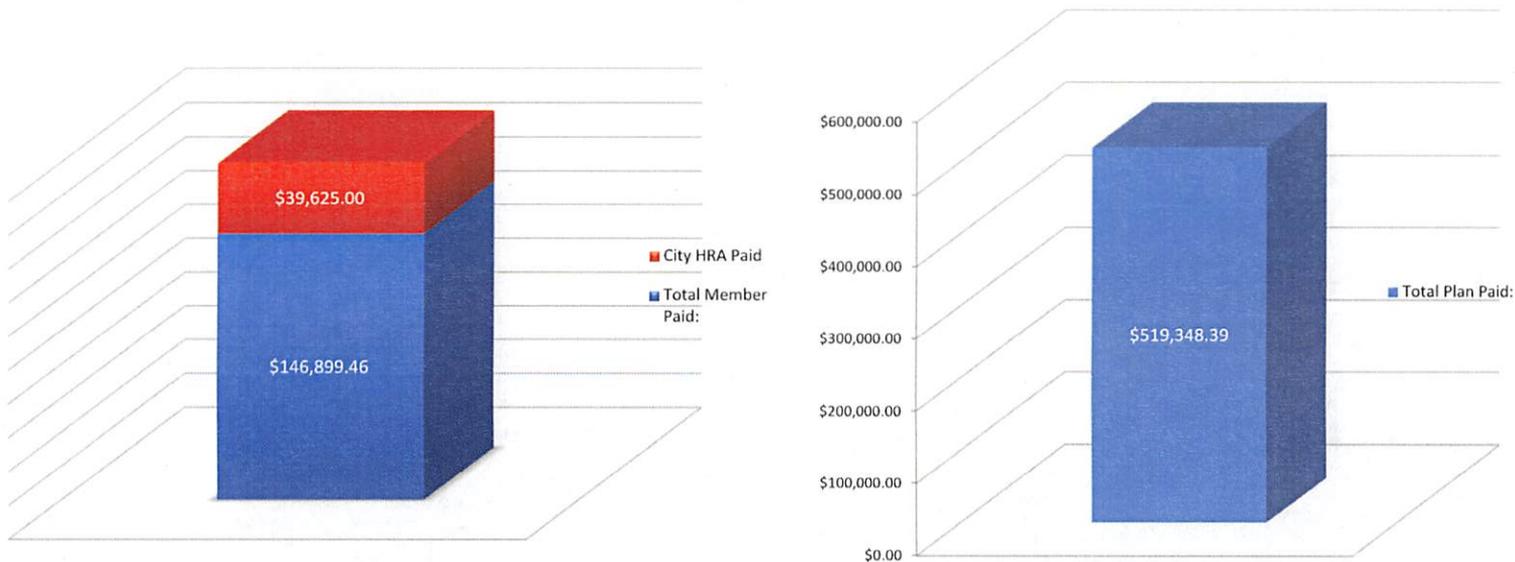
Top Ten Providers

| <u>Provider Name</u> | <u>Total Paid</u> | <u>Percentage</u> |
|--------------------------------------|---------------------|-------------------|
| 1. GREENVILLE HEALTH SYSTEM | \$182,123.37 | 38.2% |
| 2. ANMED HEALTH COMMU | \$106,000.21 | 22.2% |
| 3. PALMETTO INFUSION SERVICES | \$75,543.20 | 15.8% |
| 4. GHS PARTNERS IN HEALTH INC | \$41,267.67 | 8.6% |
| 5. GASTROENTEROLOGY ASSOC PA | \$26,271.95 | 5.5% |
| 6. BAPTIST EASLEY HOSPITAL | \$18,747.38 | 3.9% |
| 7. FOOTHILLS RHEUMATOLOGY | \$14,508.40 | 3.0% |
| 8. ST FRANCIS PHYSICIAN SERVICES | \$6,478.56 | 1.4% |
| 9. SANDY SPRINGS FAM PRAC. | \$3,217.00 | 0.7% |
| 10. ALLERGY PARTNERS OF WESTERN N.C. | \$3,042.98 | 0.6% |
| | <u>\$477,200.72</u> | |

7.

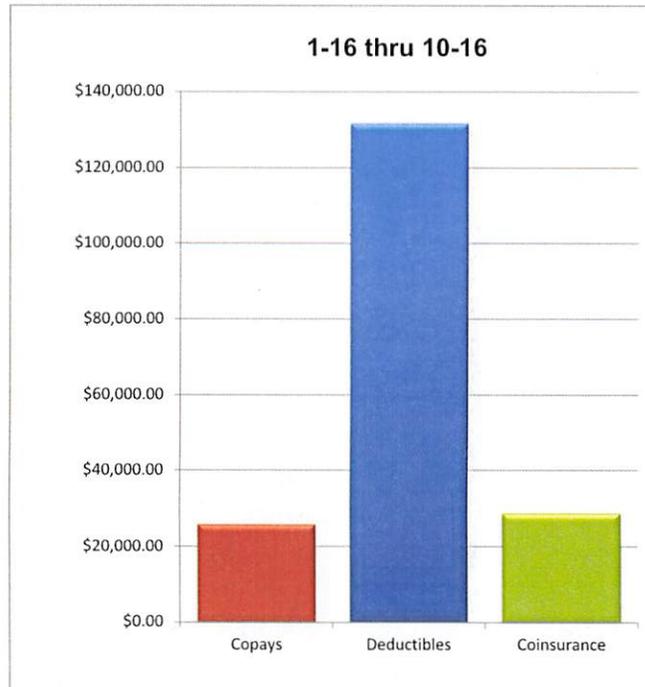
City of Clemson

Total Plan Paid vs. Total Member Paid



| | 1-16 thru 10-16 | |
|-------------------------|---------------------|---------------|
| Total Member Paid: | \$146,899.46 | 22.05% |
| City HRA Paid | \$39,625.00 | |
| Total Plan Paid: | \$519,348.39 | 77.95% |

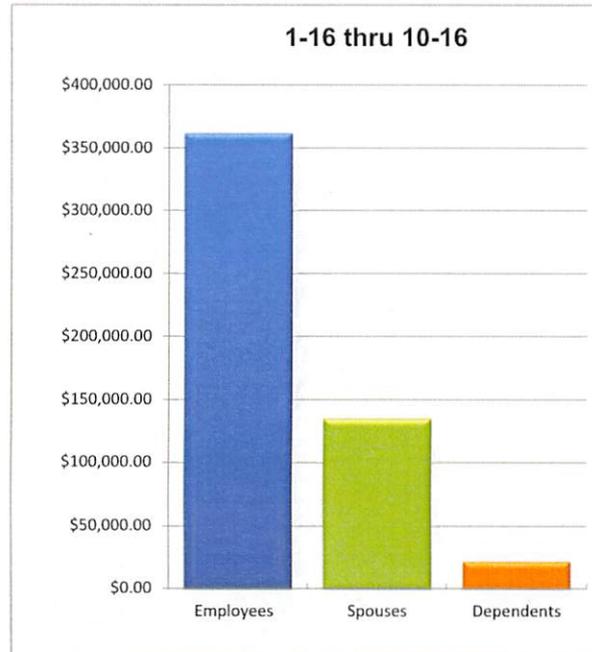
City of Clemson Member Liability Breakdown



| 1-16 thru 10-16 | | |
|-----------------|--------------|--------|
| Copays: | \$25,953.55 | 13.91% |
| Deductibles: | \$131,712.75 | 70.61% |
| Coinsurance: | \$28,858.16 | 15.47% |

City of Clemson

Employee vs. Spousal vs. Dependent Claims



| 1-16 thru 10-16 | | |
|-----------------|--------------|--------|
| Employees: | \$361,767.35 | 69.66% |
| Spouses: | \$135,641.92 | 26.12% |
| Dependants: | \$21,939.12 | 4.22% |

City of Clemson 2016 Medical Plan Contribution Breakdown

| | Employee | Employee Spouse | Employee Child(ren) | Family |
|-------------------|---------------------|---------------------|---------------------|-----------------------|
| Employee | \$116.51 | \$347.57 | \$217.78 | \$526.74 |
| Employer | \$389.30 | \$785.47 | \$677.51 | \$1,021.08 |
| Total | \$505.81 | \$1,133.04 | \$895.29 | \$1,547.82 |
| Enrollment | 89 | 22 | 15 | 18 |
| Employee | \$10,369.39 | \$7,646.54 | \$3,266.70 | \$9,481.32 |
| Employer | \$34,647.70 | \$17,280.34 | \$10,162.65 | \$18,379.44 |
| Monthly | \$45,017.09 | \$24,926.88 | \$13,429.35 | \$27,860.76 |
| Yearly | \$540,205.08 | \$299,122.56 | \$161,152.20 | \$334,329.12 |
| | | | | \$1,334,808.96 |

| | Employee | Employee Spouse | Employee Child(ren) | Family | Totals |
|-------------------------|-------------|-----------------|---------------------|--------|-----------------------|
| Annual EE Contributions | \$369,167 | | | | \$51,338.76 |
| Annual ER Contributions | \$965,642 | | | | \$27,541.80 |
| | \$1,334,809 | | | | \$14,940.90 |
| | | | | | \$30,571.20 |
| | | | | | \$1,492,711.92 |

Cigna Fully Insured*

* Fully Insured Cigna Renewal from 1/1/16

2016 Medical Plan Enrollment & Cost Breakdown

| Month | Employee | Spouse | Child(ren) | Family | Total Employees | Paid Medical | Paid Pharmacy | Paid ASO | Premiums |
|--------------|------------|------------|------------|------------|-----------------|------------------|------------------|------------------|--------------------|
| 1/1/2016 | 86 | 24 | 15 | 19 | 144 | | | | \$113,530.55 |
| 2/1/2016 | 87 | 24 | 14 | 19 | 144 | \$41,463.48 | \$23,034.65 | \$36,718.17 | \$113,141.07 |
| 3/1/2016 | 86 | 23 | 14 | 20 | 143 | \$35,217.90 | \$18,676.44 | \$68,575.50 | \$113,050.04 |
| 4/1/2016 | 84 | 25 | 14 | 19 | 142 | \$94,159.82 | \$18,397.28 | \$33,259.06 | \$112,756.68 |
| 5/1/2016 | 84 | 25 | 14 | 19 | 142 | \$34,210.72 | \$19,687.54 | \$34,240.75 | \$112,756.68 |
| 6/1/2016 | 85 | 25 | 14 | 19 | 143 | \$33,998.90 | \$23,484.13 | \$34,194.78 | \$113,262.49 |
| 7/1/2016 | 85 | 25 | 14 | 19 | 143 | \$23,554.53 | \$17,738.38 | \$34,459.65 | \$113,262.49 |
| 8/1/2016 | 87 | 24 | 14 | 19 | 144 | \$84,207.48 | \$17,091.49 | \$34,038.65 | \$113,141.07 |
| 9/1/2016 | 86 | 23 | 14 | 18 | 141 | \$118,565.92 | \$21,453.17 | \$32,364.26 | \$109,954.40 |
| 10/1/2016 | 89 | 22 | 15 | 18 | 144 | \$53,969.64 | \$24,166.08 | \$34,588.78 | \$111,234.08 |
| 11/1/2016 | | | | | 0 | | | | \$0.00 |
| 12/1/2016 | | | | | 0 | | | | \$0.00 |
| Total | 859 | 240 | 142 | 189 | 1,430 | \$519,348 | \$183,729 | \$342,440 | \$1,126,090 |

| | | |
|-----------------|--------------|----------------|
| Claims over 50K | \$692,464.52 | \$220,474.99 |
| Annualized | \$856,640.00 | \$410,927.52 |
| | | \$1,267,567.52 |

11.

City of Clemson

2016 Dental Contribution Breakdown

| | Employee | | Employee Spouse | | Employee Child(ren) | | Family | |
|-------------------|--------------------|------|------------------------|-----|----------------------------|-----|--------------------|--------------------|
| Employee | \$0.00 | 0% | \$28.04 | 54% | \$45.53 | 66% | \$73.14 | 75% |
| Employer | \$23.78 | 100% | \$23.78 | 46% | \$23.78 | 34% | \$23.78 | 25% |
| Total | \$23.78 | | \$51.82 | | \$69.31 | | \$96.92 | |
| Enrollment | 97 | | 21 | | 13 | | 22 | |
| Employee | \$0.00 | | \$588.84 | | \$591.89 | | \$1,609.08 | \$2,789.81 |
| Employer | \$2,306.66 | | \$499.38 | | \$309.14 | | \$523.16 | \$3,638.34 |
| Monthly | \$2,306.66 | | \$1,088.22 | | \$901.03 | | \$2,132.24 | \$6,428.15 |
| Yearly | \$27,679.92 | | \$13,058.64 | | \$10,812.36 | | \$25,586.88 | \$77,137.80 |

| Contribution Breakdowns | |
|--------------------------------|----------|
| Annual EE Contributions | \$33,478 |
| Annual ER Contributions | \$43,660 |
| | \$77,138 |

| YTD Cost Breakdown | |
|----------------------------|-----------------|
| Administration Cost | \$2,935 |
| Claims Cost | \$73,483 |
| | \$76,418 |
| YTD Annualized Cost | \$91,702 |

| 2017 Premiums | | Totals |
|----------------------|----------|---------------|
| Employee Only | \$23.78 | \$2,306.66 |
| Emp/Sp | \$57.52 | \$1,207.92 |
| Emp/Ch | \$76.93 | \$1,000.14 |
| Family | \$107.58 | \$2,366.79 |
| | | \$82,578.17 |

Contributions vs Cost Annualized (\$14,564)

City of Clemson

2016 Dental Plan Enrollment & Cost by Month

| <u>Month</u> | <u>Employee</u> | <u>Spouse</u> | <u>Child(ren)</u> | <u>Family</u> | <u>Total Employees</u> | <u>Paid Claims</u> | <u>Paid ASO</u> | <u>Premiums</u> |
|--------------|-----------------|---------------|-------------------|---------------|------------------------|--------------------|-----------------|-----------------|
| 1/1/2016 | 91 | 24 | 13 | 23 | 151 | \$0 | \$294 | \$6,537.85 |
| 2/1/2016 | 92 | 24 | 13 | 22 | 151 | \$4,544 | \$294 | \$6,464.71 |
| 3/1/2016 | 91 | 24 | 13 | 22 | 150 | \$9,679 | \$293 | \$6,440.93 |
| 4/1/2016 | 91 | 24 | 12 | 22 | 149 | \$11,854 | \$291 | \$6,371.62 |
| 5/1/2016 | 91 | 24 | 12 | 22 | 149 | \$5,660 | \$291 | \$6,371.62 |
| 6/1/2016 | 92 | 24 | 12 | 22 | 150 | \$4,590 | \$293 | \$6,395.40 |
| 7/1/2016 | 92 | 24 | 12 | 22 | 150 | \$10,078 | \$293 | \$6,395.40 |
| 8/1/2016 | 95 | 23 | 12 | 22 | 152 | \$14,121 | \$296 | \$6,414.92 |
| 9/1/2016 | 94 | 22 | 12 | 22 | 150 | \$5,154 | \$293 | \$6,339.32 |
| 10/1/2016 | 97 | 21 | 13 | 22 | 153 | \$7,802 | \$298 | \$6,428.15 |
| 11/1/2016 | | | | | 0 | | | \$0.00 |
| 12/1/2016 | | | | | 0 | | | \$0.00 |
| Total | 926 | 234 | 124 | 221 | 1,505 | \$73,483 | \$2,935 | \$64,160 |

\$76,418

**Annualized
Claims** **\$91,702**

| <u>Services</u> | <u>Paid</u> |
|----------------------|-------------|
| Preventative Exams | \$10,296.78 |
| Panoramic Xray | \$2,532.00 |
| Bitewing Xray | \$4,585.64 |
| Routine Cleaning | \$13,315.90 |
| Fluoride Treatment | \$1,052.00 |
| Preventative General | \$1,319.83 |
| Basic Care | \$25,757.98 |
| Major Restorative | \$8,412.40 |
| Sealant | \$445.22 |
| Ortho | \$5,765.57 |
| | \$73,483.32 |

| <u>Claims Breakdown</u> | |
|-------------------------|-------------|
| Employee | \$43,682.43 |
| Dependents | \$29,682.09 |

City of Clemson

2016 Vision Contribution Breakdown

| | Employee | | Employee Spouse | | Employee Child(ren) | | Family | |
|-------------------|-------------------|------|-------------------|------|---------------------|------|-------------------|--------------------|
| Employee | \$6.16 | 100% | \$12.32 | 100% | \$12.40 | 100% | \$19.86 | 100% |
| Employer | \$0.00 | 0% | \$0.00 | 0% | \$0.00 | 0% | \$0.00 | 0% |
| Total | \$6.16 | | \$12.32 | | \$12.40 | | \$19.86 | |
| Enrollment | 77 | | 18 | | 11 | | 12 | |
| Employee | \$474.32 | | \$221.76 | | \$136.40 | | \$238.32 | \$1,070.80 |
| Employer | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| Monthly | \$474.32 | | \$221.76 | | \$136.40 | | \$238.32 | \$1,070.80 |
| Yearly | \$5,691.84 | | \$2,661.12 | | \$1,636.80 | | \$2,859.84 | \$12,849.60 |

| Contribution Breakdowns | |
|--------------------------------|----------|
| Annual EE Contributions | \$12,850 |
| Annual ER Contributions | \$0 |
| | \$12,850 |

| YTD Cost Breakdown | |
|----------------------------|-----------------|
| Administration Cost | \$578 |
| Claims Cost | \$11,268 |
| | \$11,846 |
| YTD Annualized Cost | \$14,215 |

Contributions vs Cost Annualized (\$1,366)

| 2017 Premiums | | Totals |
|----------------------|---------|---------------|
| Employee Only | \$8.00 | \$616.00 |
| Emp/Sp | \$16.00 | \$288.00 |
| Emp/Ch | \$15.00 | \$165.00 |
| Family | \$22.00 | \$264.00 |
| | | \$15,996.00 |

City of Clemson

2016 Vision Plan Enrollment & Cost by Month

| <u>Month</u> | <u>Employee</u> | <u>Spouse</u> | <u>Child(ren)</u> | <u>Family</u> | <u>Total Employees</u> | <u>Paid Claims</u> | <u>Paid ASO</u> | <u>Premiums</u> |
|--------------|-----------------|---------------|-------------------|---------------|------------------------|--------------------|-----------------|-----------------|
| 1/1/2016 | 74 | 19 | 10 | 14 | 117 | | \$59 | \$1,091.96 |
| 2/1/2016 | 75 | 19 | 10 | 13 | 117 | \$220 | \$59 | \$1,078.26 |
| 3/1/2016 | 73 | 19 | 10 | 13 | 115 | \$1,231 | \$58 | \$1,065.94 |
| 4/1/2016 | 73 | 19 | 10 | 12 | 114 | \$1,851 | \$57 | \$1,046.08 |
| 5/1/2016 | 73 | 19 | 10 | 12 | 114 | \$487 | \$57 | \$1,046.08 |
| 6/1/2016 | 74 | 19 | 10 | 12 | 115 | \$481 | \$58 | \$1,052.24 |
| 7/1/2016 | 74 | 19 | 10 | 12 | 115 | \$1,822 | \$58 | \$1,052.24 |
| 8/1/2016 | 75 | 19 | 10 | 12 | 116 | \$2,539 | \$58 | \$1,058.40 |
| 9/1/2016 | 74 | 19 | 10 | 12 | 115 | \$1,752 | \$58 | \$1,052.24 |
| 10/1/2016 | 77 | 18 | 11 | 12 | 118 | \$886 | \$59 | \$1,070.80 |
| 11/1/2016 | | | | | 0 | | | \$0.00 |
| 12/1/2016 | | | | | 0 | | | \$0.00 |
| Total | 742 | 189 | 101 | 124 | 1,156 | \$11,268 | \$578 | \$10,614 |
| | | | | | | | \$11,846 | |

| | <u>Claims</u> |
|------------|---------------|
| Employee | \$9,107.07 |
| Dependents | \$2,160.95 |

Annualized

\$14,215

15.

City of Clemson Self Funded Deductible and Co-Insurance 2016

| <u>Deductible</u> | <u>Policy</u> | <u>Wellness Program</u> | | <u>Non Wellness</u> | |
|---------------------|---------------|-------------------------|-----------------|---------------------|-----------------|
| | | <u>Paid By:</u> | | <u>Paid By:</u> | |
| | | <u>City</u> | <u>Employee</u> | <u>City</u> | <u>Employee</u> |
| Individual | \$3,500 | \$1,500 | \$2,000 | \$750 | \$2,750 |
| <u>Co-Insurance</u> | | | | | |
| Individual | \$3,100 | \$2,000 | \$1,100 | \$500 | \$2,600 |

* The goal over the next 1-2 years is to phase out reimbursements to non-wellness members*

City of Clemson - Total Annual Costs of Self-Funded Insurance Component:

| <u>Fiscal Year:</u> | <u>Total Cost</u> | <u>General Fund</u> | <u>Other Funds</u> | |
|---------------------|-------------------|---------------------|--------------------|------------------|
| 2016 \$ | 39,625.65 | | | through 11.11.16 |
| 2015 \$ | 46,571.85 | \$ 29,791.68 | \$ 16,780.17 | |
| 2014 \$ | 46,445.67 | \$ 39,145.57 | \$ 7,300.10 | |
| 2013 \$ | 64,400.00 | \$ 44,200.00 | \$ 20,200.00 | |
| 2012 \$ | 57,122.00 | \$ 37,978.00 | \$ 19,144.00 | |
| 2011 \$ | 32,694.00 | \$ 29,239.00 | \$ 3,725.00 | |
| 2010 \$ | 29,698.00 | \$ 17,472.00 | \$ 12,226.00 | |

2017 Insurance Rates

| HEALTH | | | |
|------------------|-----------------------|--------------------------|-----------------------------|
| Employee Portion | Standard Monthly Cost | EE Wellness Monthly Cost | EE/SP Wellness Monthly Cost |
| Employee | \$ 166.51 | \$ 116.51 | |
| Employee/Spouse | \$ 397.57 | \$ 347.57 | \$ 342.57 |
| Employee/Child | \$ 267.78 | \$ 217.78 | |
| Family | \$ 576.74 | \$ 526.74 | \$ 521.74 |

| Employer Portion | Standard | Rates w/ Employee Wellness Participation | Rates w/ EE/SP Wellness Participation |
|------------------|-----------|------------------------------------------|---------------------------------------|
| Employee | \$ 339.30 | \$ 389.30 | |
| Employee/Spouse | \$ 735.47 | \$ 785.47 | \$ 790.47 |
| Employee/Child | \$ 627.51 | \$ 677.51 | |
| Family | \$ 971.08 | \$ 1,021.08 | \$ 1,026.08 |

| Dental | |
|------------------|----------|
| Employee Portion | Enhanced |
| Employee | \$ - |
| Employee/Spouse | \$ 28.04 |
| Employee/Child | \$ 45.53 |
| Family | \$ 73.14 |
| | |
| Employer Portion | Enhanced |
| Employee | \$ 23.78 |
| Employee/Spouse | \$ 23.78 |
| Employee/Child | \$ 23.78 |
| Family | \$ 23.78 |

| Vision | |
|------------------|----------|
| Employee Portion | Premiums |
| Employee | \$6.16 |
| Employee/Spouse | \$12.32 |
| Employee/Child | \$12.44 |
| Family | \$19.86 |

| The Standard Optional Life | |
|-------------------------------|----------|
| Supp. Life Rates/10,000 | |
| Age Range | Rates |
| Age 0-34 | \$ 1.07 |
| Age 35-39 | \$ 1.27 |
| Age 40-44 | \$ 2.10 |
| Age 45-49 | \$ 2.97 |
| Age 50-54 | \$ 4.67 |
| Age 55-59 | \$ 7.37 |
| Age 60-65 | \$ 11.37 |
| Age 65-69 | \$ 17.04 |
| Age 70+ | \$ 30.71 |
| Child Rate | \$ 2.00 |